

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007446

STATE FILE NUMBER

AMENDED

Registration District No. 274Primary Registration District No. 3052Registrar's No. 91

FILED MAR 12 1962

1. PLACE OF DEATH

a. COUNTY Pettisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SedaliaLength of stay in lb
25 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bothwell HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mob. COUNTY Pettis

admission)

c. CITY
OR TOWN SedaliaInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 1419 So. Washington

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HARVEY ALFRED WILLIAMS4. DATE
OF DEATH

Month

Day

Year

March 4 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-3-1897

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10b. KIND OF BUSINESS OR INDUSTRY

Barber

11. BIRTHPLACE (City and state or country)

Benton Co. Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A

13a. FATHER'S NAME

Samuel H. Williams

13b. MOTHER'S MAIDEN NAME

Leinla Eaton

14. NAME OF HUSBAND OR WIFE

Rena Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Mrs. Rena Williams SedaliaAddress 1419 So. Wash.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

9 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Primary Peritoneal Adenocarcinoma - removed 1954

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Significant Effusion; multiple Bristlebiopsies

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 1961 to March 1962 and last saw him alive on March 3, 1962
Death occurred at 2:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Thomas J. Hopkins, M.D.

22b. ADDRESS

Sedalia, Mo

22c. DATE SIGNED

3/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-6-1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

Sedalia

(State)

Mo

24. FUNERAL DIRECTOR

Mrs. Laughlin Bros

ADDRESS

Sedalia

25. DATE RECD. BY LOCAL REG.

3-6-62

26. REGISTRAR'S SIGNATURE

Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jerry J. Cantlon

Licensed Embalmer No. 5153

P. O. Address Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.